

PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number 10/717,086

Filing Date November 19, 2003

First Named Inventor Charles Q. Zhan

Examiner Name Xiuqin Sun

Art Unit 2863

Attorney Docket No. I20 06739US

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-0208 Deposit Account Name: Davis Munck, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** __________ - 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20**Indep. Claims** _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** __________ - 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3**Multiple Dependent Claims**
Fee (\$) _____ **Fee Paid (\$)** _____**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)

\$180.00

SUBMITTED BY

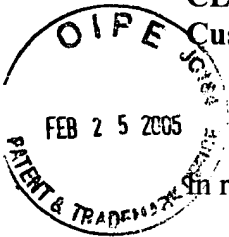
Signature		Registration No. (Attorney/Agent) 39,308	Telephone 972-628-3600
Name (Print/Type)	William A. Munck	Date Feb. 22 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DOCKET NO.: I20 06739 US
CLIENT NO.: HWEL01-06739
Customer No.: 00128

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Charles Q. Zhan, et al.
Serial No.: 10/717,086
Filed: November 19, 2003
For: APPARATUS AND METHOD FOR IDENTIFYING
DEFECTIVE VALVES
Group No.: 2863
Examiner: Xiuqin Sun

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INFORMATION DISCLOSURE STATEMENT

Pursuant to the duty of disclosure under 37 C.F.R. § 1.56, Applicant submits this statement.

This submittal is made in accordance with 37 C.F.R. §§ 1.97 and 1.98 and § 609 of the Manual of Patent Examining Procedure. The patent and patent publications herein are listed below and on the attached Form PTO/SB/08A.

<u>U.S. Patent/Publication No.</u>	<u>Inventor</u>	<u>Date</u>
5,750,879	Ohtsuka et al.	May 12, 1998
2003/0216888 A1	Ridolfo	November 20, 2003
2004/0024568 A1	Eryurek et al.	February 5, 2004

02/28/2005 RFEKADU1 00000024 10717086

01 FC:1806

180.00 OP

Applicant hereby expressly reserves the right to swear behind the effective dates of any of the above patents and publications and to question the relevance and materiality of the patents and publications listed herein, in whole, in part, or in combination, subsequent to filing this Information Disclosure Statement.

This Information Disclosure Statement is being transmitted after the mailing date of the first Office Action on the merits. Therefore, Applicant encloses a check in the amount of \$180.00 for the Information Disclosure Statement filing fee.

Respectfully submitted,

DAVIS MUNCK, P.C.

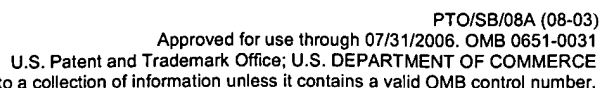


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Date: Feb. 22, 2005

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Substitute for form 1449/PTO

(Use as many sheets as necessary)

Sheet	1
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of	1
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Application Number	10/717,086
Filing Date	November 19, 2003
First Named Inventor	Charles Q. Zhan
Art Unit	2863
Examiner Name	Xiuqin Sun
Attorney Docket Number	I20 06739 US

[illegible][illegible]Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language. Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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